24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Connection Strategy	M M / D D / Y Y Y Y Y
Mailing Address PO Box 2192	10 30 2014 Amount
City State Zip Code	8811.30
Arlington VA 22202	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Telephone advertising Category/ Type 004	10 30 / 2014
Name of Federal Candidate Support Office	e Sought: X House District:02
Brad Ashford Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	8811.30
(b) CURTOTAL of Unitemized Independent Evpanditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	8811.30
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Caleb Crosby [Electronically Filed] Date 1	0 31 2014
Signature	2017